2014 AUG 13 PM 2: 1.7

UNITED STATES	S DISTRI	CT COURT ' 2.4
UNITED STATES	for the	MIDDLE DISTRICT OF TH

VMINGHUM Plaintiff(s) v.))))) (iv)	ril Action No.	3-14	1574
Kondar Capitalet al)))			

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

KON DAUX Capital VIA Registered Agent

Corporation Service Company

2710 Gateway Caks PR. Ste 150N

54CF AMENTO CA 95833

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

whose name and address are: Craig CUNNINGham
5543 EdMONDSON like, Ste 248
Wash Ville, TN 37211

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

KEITH THROCKMORTON
CLERK OF COURT

AUG	II Klama
Date: AUG 0 1 204	
	Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (name of	individual and title, if any)		,			
was re	ceived by me on (date)	·					
	☐ I personally served the	summons on the individual at	(place)				
			on (date)	; or			
	☐ I left the summons at the individual's residence or usual place of abode with (name)						
		, a person o	of suitable age and discreti	ion who resides there,			
	on (date)	, and mailed a copy to the	e individual's last known a	address; or			
	I served the summons of designated by law to acce	on (name of individual) Coff pt service of process on behalf	OFATION SETVICE of (name of organization) on (date)	Company, who is Kondaur Capital			
•	☐ I returned the summons	unexecuted because	,	; or			
	Other (specify): Ser	ved via certif	ried Mail w,	Return Reciept			
	My fees are \$	for travel and \$	for services, for a	total of \$ 0.00 .			
	I declare under penalty of	perjury that this information is	true.				
Date:	8-13-14		Server's signat	hire			
		Mari	Cel Forteza Printed name and	S EN VEV			
		5543	Edmondson Server's addre	like Ste 248 Pess No Shville TN 32			
Additio	onal information regarding a	attempted service, etc:		MUSAVILLE IN 212			

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZER Maricel Forteza 5543 Ed Mondson Pike Ste 248 Nashville, TN 372/

IN DISTRICT COURT OF THE

SENDER: COMPLETE THIS SECTION	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery AUG 0 8 2014 D. Is delivery address different from item 1? Yes
Article Addressed to:	10 VEO sistem dell'acces entalmane bellevir. El No.
Corporation Service Company	-
Corporation Service Company 2710 Gateway Oaks Dr.	
Ste 150 No	
//C {// (// (// (// (// (// (// (// (// (//	3. Service Type
Sacra Mento, CA 95833	□ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510	0000 7626 8544
PS Form 3811, July 2013 Domestic Retu	urn Receipt